Docket No. 40002-10217

Declaration and Power of Attorney For Patent Application English Language Declaration

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

BOTTLE STERILIZING SYSTEM AND METHOD

the specification of	which		
check one)			
is attached her	eto.		
was filed on _		as United States Application No.	or PCT International
Application Nul	mber		
and was amen	ded on		
is in angle		(if applicable)	
hereby state that		derstand the contents of the above in the above in the content referred to above.	dentified specification,
, ·	•	Inited States Patent and Trademarlity as defined in Title 37, Code of	
Section 365(b) of any PCT Internation listed below and ha	any foreign application(sonal application which despired also identified below, see or PCT International applications.	der Title 35, United States Code, for patent or inventor's certificate signated at least one country other to by checking the box, any foreign application having a filing date before	, or Section 365(a) of han the United States, pplication for patent or
Prior Foreign Appli	cation(s)		Priority Not Claimed
(Number)	(Country)	(Day/Month/Year Filed)	_
(Number)	(Country)	(Day/Month/Year Filed)	П
(Number)	(Country)	(Day/Month/Year Filed)	J

I hereby claim the benefit under application(s) listed below:	35 U.S.C. Section 119(e)	of any United States provisional		
(Application Serial No.)	(Filing Date)			
(Application Serial No.)	(Filing Date)			
(Application Serial No.)	(Filing Date)			
Section 365(c) of any PCT Internat insofar as the subject matter of ear United States or PCT International U.S.C. Section 112, I acknowledge Office all information known to me Section 1.56 which became available or PCT International filing date of this	ach of the claims of this appli application in the manner pro the duty to disclose to the U to be material to patentabilities be between the filing date of the	cation is not disclosed in the prior ovided by the first paragraph of 35 nited States Patent and Trademark ty as defined in Title 37, C. F. R.,		
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)		
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)		
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

agent(s) to prosecute this	4) && SURI 60		
Send Correspondence to:	Patent Docket Clerk		
	RYNDAK & SURI		
	30 N. LaSalle Street, Suite 2630		
50 to 10 to	Chicago, IL 60602		
Direct Telephone Calls to: James D. Ryndak - (312) 214-	(name and telephone number) 777 0		
9.3 er en			
Full name of sole or first inventor Subodh K. Raniwala			
Sole or first inventor's signature		MRal	Date
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Full name of second inventor, if a	ny		
Second inventor's signature			Date
Residence			
Citizenship			
Post Office Address			

3 3 F

PATENT APPLICATION TRANSMITTAL LETTER (Large Entity)

Docket No. 40002-10217

TO THE ASSISTANT COMMISSIONER FOR PATENTS

Transmitted herewith for filing under 35 U.S.C. 111 and 37 C.F.R. 1.53 is the patent application of:

Subodh K. Raniwala

cc:

For: BOTTLE STERILIZING SYSTEM AND METHOD

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Enclosed are:					9	
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☐ A certified o	• •		application.			
□ Declaration □ Power of At □ P	ŭ	Unsigned.				
	Disclosure Statement					
	Amendment			_		
Other:				•		
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Company Compan		CLAIMS A	S FILED			
For	#Filed	#Allowed	#Extra	Rate		Fee
Total Claims	40	- 20 =	20	× \$18.00		\$360.00
Indep. Claims	3	- 3 =	0	× \$80.00		\$0.00
Multiple Depen	dent Claims (check i	f applicable)]			\$0.00
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					BASIC FEE	\$710.00
				TOTA	FILING FEE	\$1,070.00
A check in	the amount of \$1	070.00 to co	wer the filing	fee is enclosed.		
	·		_		50-0503	
The Commissioner is hereby authorized to charge and credit Deposit Account No. 50-0503 as described below. A duplicate copy of this sheet is enclosed.						
l	arge the amount of		s filing fee.			
Credit any overpayment.						
☑ Charge any additional filing fees required under 37 C.F.R. 1.16 and 1.17.						
1	arge the issue fee set suant to 37 C.F.R. 1.3		at the mailing	g of the Notice of A	Allowance,	
Dated: Januar	y 3, 2001		_	Blh		
			T		Signature	
1	James D. Ryndak, Reg. No. 28,754 Ryndak & Suri					
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